

HIV Individual Level Prevention Intervention & Client Behavioral Characteristics

(These data should be collected at intake, final session, and intermittently during an intervention, as appropriate.)

To be completed by provider. Assure your client that their identity will remain anonymous and we use the client code to keep their participation confidential.

Date:	Program Model:		
Contracting Agency:	Intervention Name:		
Client ID			
Client's Unique ID:	_____	/	/
	1 st and 3 rd letter of first & last name	birth month/day/year	
Intended # sessions	Current session #	Duration of Session	Site (if different from agency)
<input type="radio"/> # _____ <input type="radio"/> unknown		<input type="radio"/> _____ hours <input type="radio"/> _____ minutes	
Behavioral Recall Period	# of risk behaviors		
<input type="radio"/> 15 days	The number of anal/vaginal sex partners client has had during behavioral recall period.	# _____ <input type="radio"/> Refused to answer <input type="radio"/> Don't know	
<input type="radio"/> 30 days	The number of times that the client had anal/vaginal sex during behavioral recall period.	# _____ <input type="radio"/> Refused to answer <input type="radio"/> Don't know	
<input type="radio"/> 90 days	The number of sex partners with serodiscordant or HIV status unknown the client has had during behavioral recall period.	# _____ <input type="radio"/> Refused to answer <input type="radio"/> Don't know	
	The number of sex partners with HIV status unknown that were anonymous.	# _____ <input type="radio"/> Refused to answer <input type="radio"/> Don't know	
	The total number of times the client had unprotected anal/vaginal sex with a serodiscordant or HIV status unknown partner.	# _____ <input type="radio"/> Refused to answer <input type="radio"/> Don't know	
	The total number of times the client had unprotected anal/vaginal sex with a serodiscordant or HIV status unknown male partner.	# _____ <input type="radio"/> Refused to answer <input type="radio"/> Don't know	
	The total number of times the client had unprotected anal/vaginal sex with a serodiscordant or HIV status unknown female partner.	# _____ <input type="radio"/> Refused to answer <input type="radio"/> Don't know	
	The total number of times the client had unprotected anal/vaginal sex with a serodiscordant or HIV status unknown transgender partner.	# _____ <input type="radio"/> Refused to answer <input type="radio"/> Don't know	
	The number of times the client shared needle/syringe during behavioral recall period.	# _____ <input type="radio"/> Refused to answer <input type="radio"/> Don't know	
	The number of times the client shared needle/syringe with a serodiscordant or HIV status unknown partner.	# _____ <input type="radio"/> Refused to answer <input type="radio"/> Don't know	